



COMBINED DECLARATION, POWER OF ATTORNEY AND PETITION

As a below named inventor, I hereby declare that: (1) my residence, citizenship and address are as stated below next to my name; (2) I believe that I am the original, first, and sole inventor (if only one inventor is listed below) or a joint inventor (if more than one inventor is listed below) of the subject matter described and claimed and for which a patent is sought on the invention or discovery entitled ALKYD RESIN EMULSIONS AND USES THEREOF (the "Application"), the specification of which:

 a. is attached hereto b. is attached nereto b. is attached on November 17, 2000, as application 	n serial no. 09/700,901 and as amended on (if
applicable).	. ·
(3) I have reviewed and understand the contents of the amendment referred to above; (4) I hereby acknowledg Office all information known to me to be material to pa attached copy of Title 37, Code of Federal Regulations, benefits under Title 35, United States Code, §§ 119 and inventor's certificate listed below and have also identifinventor's certificate having a filing date before that of	sentability of the Application as defined in the \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
claimed:	ì
 a. no such foreign applications have been filed. b. foreign applications have been filed as follows: 	
_	TO VALUE 35 USC 6 119

b. M foreign application	JAS HILVO DOOR		24 Trod 6 110
	ICATIONS, IF ANY, FOR WHICH APPLICATION NUMBER		DATE OF ISSUE (Day, Month, Year)
COUNTRY		Month, Year) May 19, 1998	
	198 22 468.0 GN APPLICATIONS, IF ANY, FILE APPLICATION NUMBER		DATE OF ISSUE (Day, Month, Year)
COUNTRY	ATTE	Month, Year)	()
		:	4 P.CC

I hereby claim the benefit under Title 35, United States Code, §§ 120 and 365 of any United States and PCT international applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States applications in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) that occurred between the filing date of the prior applications and the national or PCT international filing date of this application.

applications and the national or		STATUS (patented, pending, abandoned)
INTERNATIONAL APPLICATION	DATE OF FILING (day, month, year)	STATUS (Paternets) Print 3
NUMBER PCT/DE99/01505	May 19, 1999	

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional applications listed below:

applications listed below:	and wear
U.S PROVISIONAL APPLICATION NUMBER	DATE OF FILING (day, month, year)
U.S PROVISIONAL ATTEMOTIC	

I hereby appoint David R. Cleveland (Reg. No. 29,524) my attorney with full powers (including the powers of appointment, substitution, and revocation) to prosecute the Application and any division, continuation, continuation-in-part, reexamination, or reissue thereof, and to transact all business in the Patent and Trademark Office connected therewith. The mailing address, telephone and facsimile numbers for correspondence with my attorney is:

Attention:

David R. Cleveland David R. Cleveland, P.A. Suite E-1324 First Nat'l Bank Bldg. 332 Minnesota Street

Saint Paul, MN 55101

2005





I also declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the Application or any patent issuing thereon.

Wherefore, I pray for grant of Letters Patent for the invention or discovery described and claimed in the Application, and I hereby subscribe my name to the Application, and to this Declaration, Power of

Attorney and Petition, on the date set forth below.

Idli Name: Peter Kuhlmann Idizenship: Germany Fost D.42489 Wulfrath D.42489 Wulfrath Date: D.175/19001 Full Name: Reinhard Winter Citizenship: Germany Fost Maikamner 14 Office D.42489 Wulfrath CERMANY Full Name: CERMANY Full Name: CHizenship: Post Office Address: Signature: Date: Full Name: Critizenship: Full Name: Signature: Date: Full Name: Signature:	Attorney and Pe	tition, on the date set forth below.
Circumship:	Full Name:	Peter Kuhlmann
Tool Zwingenberger Weg 46 Diffice D-42489 Widfrath DEV Address: GERMANY Date: 0115(2001 Full Name: Reinhard Winter Citizenship: Post Office Address: O115(101) Date: 0115(101) Full Name: Citizenship: Post Office Address: Signature: Date: Date: Date: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Signature: Signature: Date: Signature: Signat		Germany
Office Address: Germany Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Signature: Date: Full Name: Signature: Date: Signature: Date: Signature:		Zwingenberger Weg 46
Address: GERMANY Signature: Date: 01/25/2001 Full Name: Reinhard Winter Citizenship: Germany Post Maikammer 14 Office D 42489 Willfrath Address: Signature: O1/15/201 Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Signature: Date: Full Name: Signature: Date: Full Name: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Si		D-42489 Willfiath DEV
Signature: Date: Signature: Date: Da		
Date:	Addi cas.	
Date:	Ciamoture:	and
Full Name: Citizenship: Germany Post Maikammer 14 Office Address: GERMANY Signature: Date: Date: Full Name: Citizenship: Post Office Address: Signature: Date:	Signature	
Full Name: Citizenship: Germany Post Maikammer 14 Office Address: GERMANY Signature: Date: Date: Full Name: Citizenship: Post Office Address: Signature: Date:	Data	01/15/2001
Citizenship: Germany Post Maikammer 14 D-42489 Wülfrath D-42489 Wülfrath GERMANY Signature: VIII VIII VIII VIII VIII VIII VIII VI	DAILE.	
Citizenship: Germany Post Maikammer 14 D-42489 Wülfrath D-42489 Wülfrath GERMANY Signature: VIII VIII VIII VIII VIII VIII VIII VI	Ti II Niaman	Peinhard Winter
Post Office D-42489 Wultrath GERMANY Date: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Signature: Date: Signature:		
Office Address: GERMANY Signature: Chilanae: Chizenship: Post Office Address: Signature: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:		
Address: GENTALL AND		D.42489 Willfrath DC P
Signature: Pull Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:		GERMANY A
Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Signature:	Audress:	
Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature:	Clamotruma:	(Constato von's
Full Name: Crizenship: Post Office Address: Signature: Date: Full Name: Crizenship: Post Office Address: Signature: Date: Full Name: Crizenship: Post Office Address: Signature: Signature: Signature: Signature: Signature:	oldinginic:	15/1
Full Name: Crizenship: Post Office Address: Signature: Date: Full Name: Crizenship: Post Office Address: Signature: Date: Full Name: Crizenship: Post Office Address: Signature: Signature: Signature: Signature: Signature:	Datas	01/1/10/
Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature:	Date:	
Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Signature: Signature: Signature: Signature: Signature: Signature: Signature:		
Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Signature: Citizenship: Post Office Address: Signature:		
Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Signature: Signature: Signature:		
Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Signature:	0	
Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature: Signature:	l .	
Pull Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:	Address:	
Pull Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:	Cinnotaro	
Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:	Signature	
Full Name: Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:	Doto	
Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:	Date:	
Citizenship: Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:	- 15 NT	
Post Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:		
Office Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:		
Address: Signature: Date: Full Name: Citizenship: Post Office Address: Signature:		
Signature: Date: Full Name: Citizenship: Post Office Address: Signature:		
Full Name: Citizenship: Post Office Address: Signature:	Addi ess.	
Full Name: Citizenship: Post Office Address: Signature:	Signature:	
Full Name: Citizenship: Post Office Address: Signature:	Signature	
Full Name: Citizenship: Post Office Address: Signature:	Date.	
Citizenship: Post Office Address: Signature:	Date.	
Citizenship: Post Office Address: Signature:	E-II Name	
Post Office Address: Signature:		
Office Address: Signature:		
Address: Signature:		
Signature:		
	Authess:	
	Signature.	
	Signature	
Date:	Date:	

100



§1.56 Duty to disclose information material to patentability.

- (a) A patent by its very nature is affected with a public interest. The public interest is best served, and the most effective patent examination occurs when, at the time an application is being examined, the Office is aware of and evaluates the teachings of all information material to patentability. Each individual associated with the filing and prosecution of a patent application has a duty of candor and good faith in dealing with the Office, which includes a duty to disclose to the Office all information known to that individual to be material to patentability as defined in this section. The duty to disclose information exists with respect to each pending claim until the claim is cancelled or withdrawn from consideration, or the application becomes abandoned. Information material to the patentability of a claim that is cancelled or withdrawn from consideration need not be submitted if the information is not material to the patentability of any claim remaining under consideration in the application. There is no duty to submit information which is not material to the patentability of any existing claim. The duty to disclose all information known to be material to patentability is deemed to be satisfied if all information known to be material to patentability of any claim issued in a patent was cited by the Office or submitted to the Office in the manner prescribed by §§ 1.97(b)-(d) and 1.98. However, no patent will be granted on an application in connection with which fraud on the Office was practiced or attempted or the duty of disclosure was violated through bad faith or intentional misconduct. The Office encourages applicants to carefully examine:
 - (1) prior art cited in search reports of a foreign patent office in a counterpart application, and
 - (2) the closest information over which individuals associated with the filing or prosecution of a patent application believe any pending claim patentably defines, to make sure that any material information contained therein is disclosed to the Office.
 - (b) Under this section, information is material to patentability when it is not cumulative to information already of record or being made of record in the application, and
 - (1) It establishes, by itself or in combination with other information, a prima facie case of unpatentability of a claim; or
 - (2) It refutes, or is inconsistent with, a position the applicant takes in:
 - (i) Opposing an argument of unpatentability relied on by the Office, or

A prima facie case of unpatentability is established when the information compels a conclusion that a claim is unpatentable under the preponderance of evidence, burden-of-proof standard, giving each term in the claim its broadest reasonable construction consistent with the specification, and before any consideration is given to evidence which may be submitted in an attempt to establish a contrary conclusion of patentability.

- (c) Individuals associated with the filing or prosecution of a patent application within the meaning of this section are:
 - (1) Each inventor named in the application;
 - (2) Each attorney or agent who prepares or prosecutes the application; and
- (3) Every other person who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application.
- (d) Individuals other than the attorney, agent or inventor may comply with this section by disclosing information to the attorney, agent, or inventor.